



**SOUTH DAKOTA BOARD OF EXAMINERS
OF PSYCHOLOGISTS**
135 East Illinois, Suite 214
Spearfish, SD 57783

FORM FOR THE VERIFICATION OF ALL PAST/PRESENT LICENSURE

To The Applicant: Complete the top portion of this form and send to the Licensing Authority/
Regulatory Board in the state or Canadian Province in which you were licensed or certified.

FULL NAME: _____
(Last Name) (First Name) (Middle) (Maiden)
ADDRESS: _____
(Mailing) (City) (State) (Zip)
LICENSE OR CERTIFICATION NUMBER: _____ EXPIRATION DATE _____
ORIGINAL DATE OF LICENSURE/CERTIFICATION _____

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To the Licensing Authority/Regulatory Board: Please provide the information requested below and return
directly to our Board address.

I, an Authorized Board Representative of _____,
(state or province)
hereby certify that the above applicant is/was licensed at the level of _____,
(licensure title)
in good standing, was granted a State Certificate/License Number _____ to
practice Psychology in the state/province of _____, on the basis of:
____ Exemption ____ Written Examination ____ Reciprocity ____ Endorsement ____ Oral Examination ____ Other
If other, please explain on a separate sheet.

DATE & YEAR ISSUED: _____ EXPIRATION DATE: _____

I further certify that our records _____ do _____ do not show information concerning this
individual that is derogatory in nature. The above individual has/has not been reported to HIPDB or ASPPB for
disciplinary reason by this board.

Explanation of derogatory information: _____

Name of Authorized Board Representative _____
(Signature)

(Print name)

Board Address: _____
Mailing Address

(S E A L)

(Date)

City, State, Zip

Board Telephone (_____) _____

Email Address _____

Web Site _____

Please enclose a copy of your state or province
licensing/certification law for psychologists.

Board Use:

Received _____

**SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS
RELEASE AND WAIVER FOR STATES/PROVINCES
TO BE COMPLETED BY APPLICANT**

Instructions: You must complete this form and send to any state/providence that you have been licensed or certified in. Please request that they send the records to:

SD Board of Examiners of Psychologists
135 East Illinois, Suite 214
Spearfish, SD 57783

Please make enough copies of this Release and Waiver Form so that you can sign an original for each state, as well as an original to this office.

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I, _____, an applicant for licensure as a Psychologist in

South Dakota, do hereby authorize the State of _____
(Name of Regulator Board or Agency You Were Licensed In)

(Agency Address) (State) (Zip) (Telephone)
to release all information in its possession that relates or many relate to my fitness to practice Psychology to the South Dakota Board of Examiners of Psychologists or its designee, and I authorize the South Dakota Board of Examiners of Psychologists or its agents or employees to consider any or all of such information on the attached application. This authorization, release and waiver specifically applies to my application. This authorization, release and waiver specifically applies to all information in possession of the above named regulatory board or agency, including all materials deemed privileged or confidential, and I hereby direct the named regulatory agency or board to release such information to the South Dakota Board of Examiners of Psychologists or its designee.

I hereby also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred to above.

In consideration of the above name regulatory board or agency releasing any information in its possession concerning me, I, _____, on behalf of myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge, and agree to hold harmless and indemnify the South Dakota Board of Examiners of Psychologists, the State of South Dakota, the South Dakota Board of Examiners of Psychologists officers, agents and employees from and against any and all claims, actions, suits, damages and liabilities arising or allegedly arising from the release of the information.

Dated this _____ day of _____, 20_____.

Applicant Witness

STATE OF _____)
COUNTY OF _____) SS
Witness

On this, the _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____, known to
(Applicant)

me or satisfactorily proven to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have set my hand and official seal.

Notary Public _____
My Commission Expires _____